

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33139

State File No.

FILED SEP 25 1952

318

1003

Registrar's No. 8336

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2079	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5421 Beacon Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		7	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) E. c. (Last) KUPERSMITH		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 31, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 17, 1897
9. AGE (In years last birthday) 54		10. KIND OF BUSINESS OR INDUSTRY City Hospital	
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) Diet Cook		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. U	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME James T. Brendle	
13b. MOTHER'S MAIDEN NAME Mary E. Hodson		14. NAME OF HUSBAND OR WIFE Walter Kupersmith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Esther Behrens		ADDRESS 5421 Beacon Ave.	
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cerebrovascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 334X 443A		22. I hereby certify that I attended the deceased from <u>8-29-52</u> , 19 <u>52</u> , to <u>8-31-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-31-52</u> , 19 <u>52</u> , and that death occurred at <u>9:20A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>G. M. Huggins M.D.</u>		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 9-2-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9/6/1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <u>Weick Bros.</u>	
25. FUNERAL DIRECTOR'S ADDRESS 2201 So. Grand Blvd.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 4 1952	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Benjamin*

Licensed Embalmer No. 4366

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.